



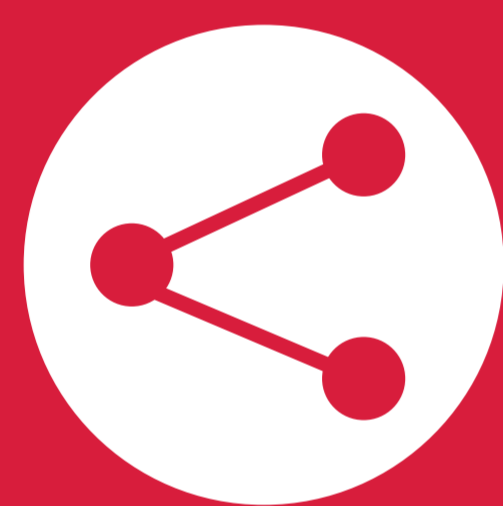
Strategic Plan 2020-2025

TRANSFORMATIVE STRATEGY



listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred

INDICATOR



consumers with mental health and AOD concerns experience care that meets their needs and supports recovery

TARGETS



- 60% of patients report improvement in PROMS
- 80% of patients rate good or above on PREMs score

OUTCOMES



- improved access to the right care, in the right place, at the right time, particularly for at-risk and vulnerable groups
- more effective care for people with chronic complex diseases and those at risk of poor health outcomes



Our Mental Health Stepped Care Model poster

Mental Health Stepped Care Model

PARTNERS

Banyule Community Health (north-east), Mentis Assist (outer-east), Access Health and Community (inner-east).

ABOUT

- evidence-based, clinical staged system of care that includes a range of mental health interventions, from the least to the most intensive
- underway (services available catchment-wide from January 2019).

OUTCOMES

1 July 2018 - 30 June 2019:

- 2,304 referrals
- 12,363 service contacts
- 47.5% consumers showed improvement in mental health.

Diabetes Diversion Program

PARTNERS

Nexus Primary Health, includes DPV Health, Precedence Health Services and Hume Whittlesea Primary Care Partnership.

ABOUT

- aims to improve patient outcomes for people with type 2 diabetes in Whittlesea, Mitchell and Murrindindi
- underway (services started late 2018).

OUTCOMES

- 81 clients commenced the program in April 2019
- 45% of participants are aged 65+ and over half are on a health care or pension card
- 77% of participants are rural residents.

EMPHN Reconciliation Action Plan (RAP)

ABOUT

- framework to guide EMPHN's future work with Aboriginal communities and Aboriginal community organisations
- underway (plan currently being considered by Reconciliation Australia).

OUTCOMES

"Through developing the RAP, we have gained a greater appreciation that strong relationships, Aboriginal self-determination and mutual understanding with Aboriginal and Torres Strait Islander peoples are vital to successfully achieving this purpose."

- Robin Whyte, EMPHN CEO



Mental Health Stepped Care launch

CarePoint

PARTNERS

Medibank and Northern Health.

ABOUT

- 12-month community based program to:
 - coach people to manage their own health
 - coordinate their care with healthcare providers.
- 72 patients with complex and chronic conditions participated
- 79 GPs from 46 general practices
- second phase underway.

OUTCOMES

- 31 people downgraded from 'high risk' to 'medium risk' of hospitalisation
- 84% people increased their own confidence in managing their own care
- 69% graduates scored program 9 out of 10.

Strategic Plan 2020-2025



TRANSFORMATIVE STRATEGIES



- support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person-centred
- increased use of practice-based evidence

INDICATORS



- consumers report improved experience with their convenient, multidisciplinary, coordinated care
- tier 1 and 2 general practices participating in PHN-led, data informed quality improvement

TARGETS



- 80% of patients rate good or above on PREMs score
- 100%

OUTCOMES



- primary care providers deliver person-centred integrated services
- primary care providers deliver timely, high quality and safe health care

Psychiatric Advice and Consultation Service

PARTNER

The Melbourne Clinic.

ABOUT

- provides timely access to specialist psychiatric advice and consultation for GPs and commissioned mental health and AOD clinicians
- underway (program extended with new partner December 2018).

OUTCOMES

The first six months of the service has been successful in servicing hard to reach groups:

- 6% are from culturally or linguistically diverse backgrounds
- 3% are aged 65+
- 28% are 12-25 years old
- 15% are 13-17 years old
- 100% of GPs would recommend the service to colleagues
- 98% of general practice staff agreed or strongly agreed information presented in education sessions was applicable to their practice.

Practice 2030

PARTNERS

26 general practices over 3 tranches.

ABOUT

- supports a network of high performing, comprehensive general practices providing quality care to our community
- underway.

OUTCOMES

- At the beginning of the project, many of the participating general practices scored low on the Primary Care Practice Improvement Tool. All practices have had statistically significant improvement in domains such as care coordination, incentives for quality improvement and team care.
- Some general practices ensured continued improvement through embedding learnings in documentation and policies.
- Understanding of working collaboratively and using the Plan Do Study Act cycle as a quality improvement tool has shown to be successful.

Quality Improvement

ABOUT

- with the announcement of the new Practice Incentive Payment (PIP) Quality Improvement (QI) starting on 1 August 2019, in 2018-19 EMPHN lay the foundations needed in readiness to support general practice with this transition

OUTCOMES

- EMPHN's self-guided learning module was viewed 232 times in six months
- quality improvement in general practice data quality workshops provided participants practical strategies on how to:
 - recognise and understand the importance of data quality in their practice
 - learn to interpret practice data
 - use data to identify and track areas of improvement
 - develop data quality plans.



Our Enhancing General Practice team

Fracture Diversion

ABOUT

EMPHN has been supporting GPs to accept referrals from hospital emergency departments to manage patients with simple fractures as part of the Fracture Diversion Project.

OUTCOMES

- increased capacity in primary care to manage simple fractures
- Northern Health average diversion rate of 67%, peaking at 76%
- Eastern Health average diversion rate of 81%, peaking at 89%
- 97% patient satisfaction rate
- 4000+ patients diverted so far
- supporting to become self-sustainable.

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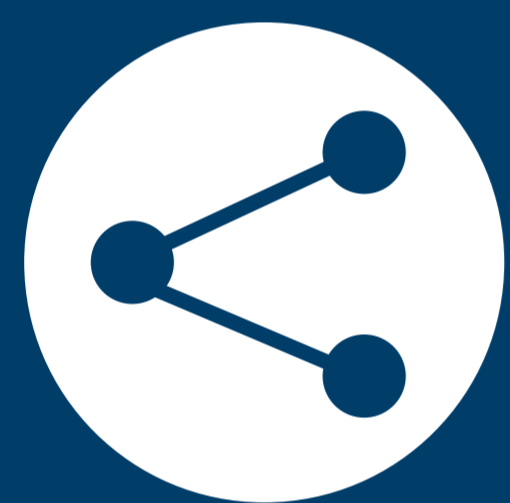


TRANSFORMATIVE STRATEGY



encourage health information continuity between providers

INDICATOR



axe the fax - electronic referral communications between general practice and hospitals/ specialists

TARGET



100%

OUTCOMES



- health data, economic analysis, planning and evaluation drives impactful service and system development
- improved use of data and technology to support providers in delivering high quality, co-ordinated care, and people in managing their own health

POLAR GP and Standardised Practice Reports

PARTNER

Outcome Health.

ABOUT

- Population Level Analysis and Reporting for general practice (POLAR GP) is useful for insight and planning across the areas of clinical, business and accreditation. It enables general practices to analyse patient data which is presented in an easy to use graphical format. EMPHN provides POLAR GP free to general practices of all sizes within its catchment.

- underway

OUTCOMES

- 80% compatible general practices have POLAR GP installed (Oct 2019)
- 300+ practice reports presented to general practices to assist with quality improvement.

"The practice report is very useful for accreditation. Very helpful to drive change and I will be taking the report to the GP meeting to discuss. The content is very appropriate. We are excited to see more."

Practice Manager, Burwood Health Care

My Emergency Dr

PARTNER

My Emergency Dr (MED).

ABOUT

- app that facilitates a video consultation with an Australian-registered specialist emergency doctor within minutes when a person's usual GP isn't available after-hours
- underway (started July 2018).

OUTCOMES

- 3,398 calls were managed through MED since July 2018 (40% related to children)
- calls to MED decreased emergency department attendances by 36%
- 97% of users rated the service 4 or 5 stars out of 5.



Celebrating 200 POLAR GP installations

eReferral and HealthPathways

eREFERRAL PARTNERS

Hospitals, general practice.

HEALTHPATHWAYS PARTNER

North Western Melbourne PHN.

ABOUT

- EMPHN's eReferral project was one of the largest implementations of its kind Australia-wide to date to electronically refer from general practice to community health and hospitals
- eReferral phase 2 - planned to start soon
- HealthPathways Melbourne provides clinicians with a single website to access clinical and referral pathways and resources, which integrates with eReferral.

OUTCOMES

- 68% eligible general practices participated in eReferral pilot
- 1,000+ eReferrals were sent each month
- increased GP engagement has generated 12,047 HealthPathways users in 2018-19 (36.77% increase in users compared to previous year)
- 129 new pathways developed in 2018-19.

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TRANSFORMATIVE STRATEGY



- ensure commissioning and system change strategies encourage integration from a consumer perspective

INDICATORS



- no. of significant demonstration projects with pooled Commonwealth and State funding
- increase in practices participating in an integrated care network

TARGETS



- three projects
- integrated care networks adequately meet consumer needs

OUTCOMES



- joint planning and coordinated investment results in better integrated, person-centred, service delivery
- service system improvement occurs through co-design processes that are person-centred, clinician-led and provider informed
- strategic commissioning delivers better outcomes for people and an improved service system

Regional Integrated Mental Health, AOD, and Suicide Prevention Plan

PARTNERS

Eastern Melbourne Primary Health Care Collaborative, local hospital networks, consumers and carers, service providers, clinicians and peak bodies.

ABOUT

The Australian and Victorian Governments asked Primary Health Networks across Australia to develop Regional Integrated Mental Health, AOD, and Suicide Prevention Plans.

OUTCOMES

The Plan is being developed to improve outcomes for consumers and carers by:

- addressing fragmentation of mental health services and pathways for consumers
- preventing parts of the service system operating in isolation from each other
- identifying gaps, duplication in roles and system failure in local service pathways
- supporting mental health and suicide prevention reform priorities at a regional level aimed at achieving more effective, person-centred care
- Plan to be launched in early 2020.



Regional Plan workshop for consumers and carers

Collaboratives

Better Health North East Melbourne (BHNEM)

PARTNERS

Collaboration of health system leaders across Darebin, Banyule and Nillumbik.

Eastern Melbourne Primary Health Care Collaborative (EMPHCC)

PARTNERS

Collaboration of health system leaders across eastern Melbourne.

ABOUT

BHNEM:

- BHNEM will continue to engage key stakeholders to address issues facing two groups - older people who are frail, and children under five with developmental delay - to improve quality of life and wellbeing.

EMPHCC:

- EMPHCC will apply Integrated Diabetes Education and Assessment Service (IDEAS) learnings to chronic disease management system transformation.

OUTCOMES

BHNEM:

- children with developmental delay initiative reduced wait time for children to see an Austin Health paediatrician from 365 days to 90 days.

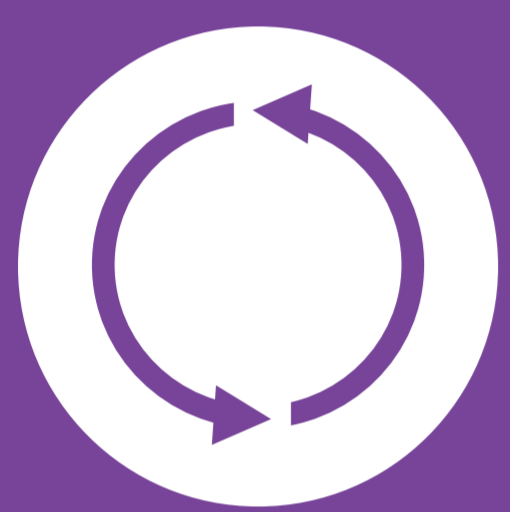
EMPHCC:

- progressive roll-out of IDEAS.

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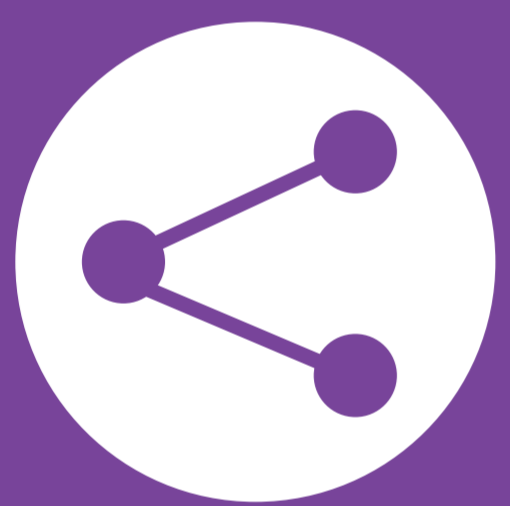


TRANSFORMATIVE STRATEGY



build a positive culture of high performance

INDICATORS



- continuous year-on-year improvement in organisational culture
- external recognition of a high performing PHN

TARGETS



- 2% improvement in organisational culture
- positive stakeholder engagement survey results

OUTCOMES



- EMPHN is recognised and highly valued by funders, partners and our community
- a healthy, highly skilled and sustainable organisation
- accountable governance and effective stewardship of commissioned funds and contracts
- our business systems, processes and infrastructure enable highly effective ways of working together

Data governance and quality

ABOUT

EMPHN is developing a Data Governance Framework to:

- automate data sources wherever possible
- provide a secure and compliant data exchange platform with our service providers
- use Primary Health Insights -national PHN data storage and analysis solution - for greater protection and privacy
- automate reporting wherever possible
- share insights with providers and stakeholders.

Culture

ABOUT

EMPHN is focused on building a culture of high performance. We are:

- coaching our leaders
- seeking to understand our culture through workshops, discussing leadership, values and culture
- reviewing and improving our commissioning processes
- implementing new systems to make it easier to work with us
- continuing to focus on improving stakeholder engagement, performance appraisals and talent development
- third annual Employee Engagement and Alignment survey completed July 2019.

OUTCOMES

- 8% improvement in alignment and 10% in engagement in 2019
- 'EMPHN puts every effort into ensuring our systems perform well together' achieved 31% improvement in 2019.

Listening to our stakeholders

Commissioning

ABOUT

EMPHN engaged PwC to understand commissioned service providers' experiences of commissioning with us and recommend future approaches as we move towards a greater focus on relationship based commissioning.

GP and Allied Health Provider Stakeholder Engagement Survey

ABOUT

Our annual GP and Allied Health Provider Stakeholder Engagement Survey seeks to understand how we can support health providers as well as help deliver cross-system change and improvements in our catchment.

STATUS

Third survey underway late 2019.

OUTCOMES

- EMPHN's overall performance among allied health providers improved 5% on the previous survey
- 57% of GPs rated our support 'high' or 'very high'
- education and website performance exceeds benchmarks.



Fundraising for the Cancer Council in memory of our colleague David